

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212543083				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: PSI SYSTEMS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1775818</p> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED					
COMMON	100,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 385 Sherman Ave.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: PALO ALTO, CA 94306</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID KLATT TITLE: PRESIDENT ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID KLATT TITLE: PRESIDENT ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: AMINE KHECHFÉ TITLE: VICE PRESIDENT ADDRESS: 385 SHERMAN AVE. CITY/ST/ZIP/CO: PALO ALTO, CA 94306 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: AMINE KHECHFÉ TITLE: VICE PRESIDENT ADDRESS: 385 SHERMAN AVE. CITY/ST/ZIP/CO: PALO ALTO, CA 94306	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: AMINE KHECHFÉ TITLE: VICE PRESIDENT ADDRESS: 385 SHERMAN AVE. CITY/ST/ZIP/CO: PALO ALTO, CA 94306	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL R PETERSON TITLE: ASST SEC ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL R PETERSON TITLE: ASST SEC ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: MICHAEL R PETERSON TITLE: ASST SEC ADDRESS: 3 GLENLAKE PKWY CITY/ST/ZIP/CO: ATLANTA, GA 30328	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: William A Burke, III TITLE: Pres, COO ADDRESS: 3 Glenlake Pkwy. CITY/ST/ZIP/CO: Atlanta, GA 30328 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: William A Burke, III TITLE: Pres, COO ADDRESS: 3 Glenlake Pkwy. CITY/ST/ZIP/CO: Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
NAME: William A Burke, III TITLE: Pres, COO ADDRESS: 3 Glenlake Pkwy. CITY/ST/ZIP/CO: Atlanta, GA 30328	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					

NAME:	Ronald L Hardnock	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Byron Gibson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Joanne P Chomiak	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Gary Hood	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2707 Butterfield Rd.		
CITY/ST/ZIP/CO:	Ste. 100 Oak Brook, IL 60523		
NAME:	Scott Culbreth	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Matthew Russell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Sean Beckstrom	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake PKWY.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Brian Decker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Karen Etheridge	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Robyn Farmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Lisa W Greene	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		

NAME:	Shay Z Hable	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Mark Johnson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Kristin Jones	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	David Kairis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2707 Butterfield Rd.		
CITY/ST/ZIP/CO:	Ste. 100 Oak Brook, IL 60523		
NAME:	Daniel Layden	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Stacey Moore	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Michael R Peterson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Geoffrey Rogers	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Chris Schneider	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2707 Butterfield Rd.		
CITY/ST/ZIP/CO:	Ste. 100 Oak Brook, IL 60523		
NAME:	W. DeVane Tidwell	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3 Glenlake Pkwy.		
CITY/ST/ZIP/CO:	Atlanta, GA 30328		
NAME:	Michael Vernon	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	385 Sherman Ave.		
CITY/ST/ZIP/CO:	Palo Alto, CA 94306		

NAME: Lisa Winger TITLE: ASST SECRETARY ADDRESS: 2707 Butterfield Rd. Ste. 100 CITY/ST/ZIP/CO: Oak Brook, IL 60523	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Troy Brinkmeier TITLE: ASST TREASURER ADDRESS: 29 E. Stephenson St. CITY/ST/ZIP/CO: Freeport, IL 61032	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ Michael RPeterson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Michael RPeterson, PRINTED NAME AND CORPORATE TITLE
11/7/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	